

**NOTICE OF AN INITIAL SITE INVESTIGATION AND
TIER II CLASSIFICATION**

**THE DEFENSE SUPPORT ACTIVITY SITE
495 SUMMER STREET, BOSTON, MASSACHUSETTS 02210
RELEASE TRACKNG NUMBERS 3-13806, 3-13807, AND 3-13876**

Pursuant to the Massachusetts Contingency Plan (310 CMR 40.0480), an Initial Site Investigation has been performed at the above referenced location.

A release of oil and/or hazardous materials has occurred at this location which is a disposal site (defined by M.G.L. c. 21E, Section 2). This site has been classified as Tier II, pursuant to 310 CMR 40.0500. Response actions at this site will be conducted by the U.S. Army Corps of Engineers who has employed Cosmo Gallinaro (LSP No. 5222) to manage response actions in accordance with the Massachusetts Contingency Plan (310 CMR 4.0000).

M.G.L. c. 21E and the Massachusetts Contingency Plan provide additional opportunities for the public notice of and involvement in decisions regarding response actions at disposal sites: 1) The Chief Municipal Official and Board of Health of the community in which the site is located will be notified of major milestones and events, pursuant to 310 CMR 40.1403; and 2) Upon receipt of a petition from ten or more residents of the municipality in which the disposal site is located, or of a municipality potentially affected by a disposal site, a plan for involving the public in decisions regarding response actions at the site will be prepared and implemented, pursuant to 310 CMR 40.1405.

To obtain more information on this disposal site and the opportunities for public involvement during its remediation, please contact Mr. Albert Lemire, Engineering Manager, U.S. Army Corps of Engineers, 696 Virginia Road, Concord, Massachusetts 01742-2751 at (978) 318-8591.



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC-107A

**TIER CLASSIFICATION, TIER II EXTENSION &
TIER II TRANSFER TRANSMITTAL FORM**
Pursuant to 310 CMR 40.0510 and 40.0560 (Subpart E)

Release Tracking Number

3 - 13806

A. DISPOSAL SITE LOCATION:

Disposal Site Name: The Defense Support Activity

Street: 495 Summer Street Location Aid: N: 4,689,750 m ; E: 331,900 m

City/Town: Boston, Massachusetts ZIP Code: 02210

Related Release Tracking Numbers That This Submittal Will Address: 3-13807 and 3-13876

B. THIS FORM IS BEING USED TO: (check all that apply)

- ☐ Submit a new or revised Tier Classification Submittal for a Tier I Site, including a Numerical Ranking Scoresheet (complete Sections A, B, C, I, J, K and L).
- ☒ Submit a new or revised Tier Classification Submittal for a Tier II Site, including a Numerical Ranking Scoresheet (complete Sections A, B, C, F, G, I, J, K and L).
- ☐ Submit a Notice that an additional Release Tracking Number(s) is (are) being linked to this Tier Classified Site and rescoring is not required at this time (complete Sections A, B, J, K and L). If this submittal is for a Tier I Site, you must also submit a Minor Permit Modification Transmittal Form (BWSC-109).

List Additional Release Tracking Number(s): _____

- ☒ Submit a Phase I Completion Statement supporting a Tier Classification Submittal (complete Sections A, B, I, J, K and L).
- ☐ Submit a Tier II Extension Submittal for Response Actions at a Tier II Site (complete Sections A, B, D, F, G, I, J, K and L).
- ☐ Submit a Tier II Extension Submittal for Response Actions taken after expiration of a Waiver, pursuant to 310 CMR 40.0630(4) (complete Sections A, B, D, F, J, K and L, and also complete Sections G and I or Section H).*
- ☐ Submit a Tier II Transfer Submittal for a change in person(s) undertaking Response Actions at a Tier II Site (complete Sections A, B, E, F, G, I, J, K, L, M, N and O).
- ☐ Submit a Tier II Transfer Submittal for a change in person(s) undertaking Response Actions at a Waiver Site, pursuant to 310 CMR 40.0630(6) (complete Sections A, B, E, F, J, K, L, M, N and O, and also complete Sections G and I or Section H).*

You must attach all supporting documentation required for each use of form indicated, including copies of any Legal Notices and Notices to Public Officials required by 310 CMR 40.1400.

*NOTE: The Waiver expires on the effective date of this submittal and all further Response Actions must be taken as a Tier II Site.

C. TIER CLASSIFICATION SUBMITTAL:

Numerical Ranking Score for Disposal Site: (from Numerical Ranking Scoresheet) 247

Proposed Tier Classification of Disposal Site: (check one) ☐ Tier IA ☐ Tier IB ☐ Tier IC ☒ Tier II

Check which, if any, of the Tier I inclusionary criteria are met by the Disposal Site, pursuant to 310 CMR 40.0520:

- ☐ Groundwater is located within an Interim Wellhead Protection Area or a Zone II, and there is evidence of groundwater contamination by an Oil or Hazardous Material at the time of Tier Classification at concentrations equal to or exceeding the applicable RCGW-1 Reportable Concentration set forth in 310 CMR 40.0360.
- ☐ An Imminent Hazard is present at the time of Tier Classification.
- ☐ Check here if this Tier Classification revises a previous submittal for this Disposal Site. You must include a revised Numerical Ranking Scoresheet with this submittal. If a Tier I Permit has been issued, you may also need to submit a Major Permit Modification Application (BWSC 10).
If incorporating additional Release(s) into the Disposal Site, list Release Tracking Number(s): _____

D. TIER II EXTENSION SUBMITTAL REQUIREMENTS:

State the expiration date of the Tier II Classification or Waiver for the Disposal Site, whichever is applicable: _____

Attach a statement summarizing why a Permanent or Temporary Solution has not been achieved at the Disposal Site.
A Tier II Extension is effective for a period of one year beyond the current expiration date of the Tier II Classification or Waiver.

E. TIER II TRANSFER SUBMITTAL REQUIREMENTS:

State the proposed effective date of the change in person(s) undertaking Response Actions at the Disposal Site: _____

Attach a statement summarizing the reasons for the proposed change in person(s) undertaking the Response Actions.
All Response Actions must be completed by the deadline applicable to the person who first filed either a Tier Classification Submittal for the Disposal Site or received a Waiver of Approvals.



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3 - 13806

F. DISPOSAL SITE COMPLIANCE HISTORY SUMMARY:

- > If providing either a Tier Classification Submittal for a Tier II Site or a Tier II Extension Submittal for a Waiver Site, the person named in Section J must provide a Compliance History.
- > If providing a Tier II Extension Submittal for a Tier II Site, the person named in Section J must update their Compliance History since the effective date of the Tier II Classification.
- > If providing a Tier II Transfer Submittal for a Tier II or Waiver Site, the person named in Section M must provide a Compliance History.

Compliance History for (provide only one name per History): Albert Lemire, U.S. Army Corps of Engineers

☐ Check here if there has been no change to the Compliance History of the person named above (Extension Submittal for a Tier II Site ONLY).

List all permits or licenses that have been issued by the Department that are relevant to this Disposal Site:

PROGRAM:	PERMIT NUMBER:	PERMIT CATEGORY:	FACILITY ID:
Air Quality	N/A	N/A	N/A
Hazardous Waste (M.G.L. c. 21C)	N/A	N/A	N/A
Solid Waste	N/A	N/A	N/A
Industrial Wastewater Management	N/A	N/A	N/A
Water Supply	N/A	N/A	N/A
Water Pollution Control/Surface Water	N/A	N/A	N/A
Water Pollution Control/Groundwater	N/A	N/A	N/A
Water Pollution Control/Sewer Connection	N/A	N/A	N/A
Wetland & Waterways	N/A	N/A	N/A

List all other Federal, state or local permits, licenses, certifications, registrations, variances, or approvals that are relevant to this Disposal Site:

ISSUING AUTHORITY OR PROGRAM, OR DOCUMENTATION TYPE:	IDENTIFICATION NUMBER:	DATE ISSUED:

If needed, attach to this Transmittal Form a statement further describing the Compliance History of this Disposal Site. This statement must describe the compliance history of the person named above with the following:

- (1) DEP regulations; and
- (2) other laws for the protection of health, safety, public welfare and the environment administered or enforced by any other government agency.

Such a statement should identify information such as:

- (1) actions relevant to the Disposal Site taken by the Department to enforce its requirements including, but not limited to, a Notice of Noncompliance (NON), Notice of Intent to Assess Civil Administrative Penalty (PAN), Notice of Intent to Take Response Action (NORA), and an administrative enforcement order;
- (2) administrative consent orders;
- (3) judicial consent judgements;
- (4) similar administrative actions taken by other Federal, state or local agencies;
- (5) civil or criminal actions relevant to the Disposal Site brought on behalf of the DEP or other Federal, state, or local agencies; and
- (6) any additional relevant information.

For each action identified, provide the following information:

- (1) name of the issuing authority, type of action, identification number and date issued;
- (2) description of noncompliance cited;
- (3) current status of the matter; and
- (4) final disposition, if any.



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G. CERTIFICATION OF ABILITY AND WILLINGNESS:

> If providing either a Tier II Classification Submittal or a Tier II Extension Submittal, the person who signs this certification **MUST** be the person named in Section J, or that person's agent.

> If providing a Tier II Transfer Submittal, the person who signs this certification **MUST** be the person named in Section M, or that person's agent.

I attest under the pains and penalties of perjury that (i) I/the person(s) or entity(ies) on whose behalf this submittal is made has/have personally examined and am/is familiar with the requirements of M.G.L. c. 21E and 310 CMR 40.0000; (ii) based upon my inquiry of the/those Licensed Site Professional(s) employed or engaged to render Professional Services for the disposal site which is the subject of this Transmittal Form and of the person(s) or entity(ies) on whose behalf this submittal is made, and my/that person's(s') or entity's(ies') understanding as to the estimated costs of necessary response actions, that/those person(s) or entity(ies) has/have the technical, financial and legal ability to proceed with response actions for such site in accordance with M.G.L. c. 21E, 310 CMR 40.0000 and other applicable requirements; and (iii) that I am fully authorized to make this attestation on behalf of the person(s) or entity(ies) legally responsible for this submittal. I/the person(s) or entity(ies) on whose behalf this submittal is made is aware of the requirements in 310 CMR 40.0172 for notifying the Department in the event that I/the person(s) or entity(ies) on whose behalf this submittal is made learn(s) that it/they is/are unable to proceed with the necessary response actions.

By: Linda D. Chominski Title: Acting Director of Public Works
(signature)
For: Linda D. Chominski Date: 5/15/01
(print name of person or entity recorded in Section J or M, as appropriate)

If you are submitting either a Tier II Extension Submittal for a Waiver Site or a Tier II Transfer Submittal for a Waiver Site, you may choose to sign the alternative Ability and Willingness Certification found in Section H in place of providing the certification in Section G and the LSP Opinion in Section I.

H. ALTERNATIVE CERTIFICATION OF ABILITY AND WILLINGNESS:

> If providing a Tier II Extension Submittal for a Waiver Site, the person who signs this certification **MUST** be the person named in Section J, or that person's agent

> If providing a Tier II Transfer Submittal for a Waiver Site, the person who signs this certification **MUST** be the person named in Section M, or that person's agent.

I attest under the pains and penalties of perjury that (i) I/the person(s) or entity(ies) on whose behalf this submittal is made has/have personally examined and am/is familiar with the requirements of M.G.L. c. 21E and 310 CMR 40.0000; (ii) based upon my inquiry of the Consultant-of-Record for the disposal site which is the subject of this Transmittal Form and of the person(s) or entity(ies) on whose behalf this submittal is made, and my/that person's(s') or entity's(ies') understanding as to the estimated costs of necessary response actions, that/those person(s) or entity(ies) has/have the technical, financial and legal ability to proceed with response actions for such site in accordance with M.G.L. c. 21E, 310 CMR 40.0000 and other applicable requirements; and (iii) that I am fully authorized to make this attestation on behalf of the person(s) or entity(ies) legally responsible for this submittal. I/the person(s) or entity(ies) on whose behalf this submittal is made is aware of the requirements in 310 CMR 40.0172 for notifying the Department in the event that I/the person(s) or entity(ies) on whose behalf this submittal is made learn(s) that it/they is/are unable to proceed with the necessary response actions.

By: _____ Title: _____
(signature)
For: _____ Date: _____
(print name of person or entity recorded in Section J or M, as appropriate)

I. LSP OPINION:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief,

> if Section B of this form indicates that a Tier I or Tier II Classification Submittal which relies upon a previously submitted Phase I Completion Statement is being submitted, this Tier Classification Submittal has been developed in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000;

> if Section B of this form indicates that a Phase I Completion Statement or a Tier I or Tier II Classification Submittal which does not rely upon a previously submitted Phase I Completion Statement is being submitted, the response action(s) that is (are) the subject of this submittal (i) has (have) been developed and implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal;

SECTION I IS CONTINUED ON THE NEXT PAGE



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3 - 13806

I. LSP OPINION: (continued)

> if Section B of this form indicates that a **Tier II Extension Submittal** or a **Tier II Transfer Submittal** is being submitted, the response action(s) that is (are) the subject of this submittal (i) is (are) being implemented in accordance with the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, (ii) is (are) appropriate and reasonable to accomplish the purposes of such response action(s) as set forth in the applicable provisions of M.G.L. c. 21E and 310 CMR 40.0000, and (iii) complies(y) with the identified provisions of all orders, permits, and approvals identified in this submittal.

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

☐ Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you **MUST** attach a statement identifying the applicable provisions thereof.

LSP Name: Cosmo Gallinaro LSP #: 5222 Stamp:

Telephone: (617) 589-5419 Ext.: _____

FAX: (optional) (617) 589-2160

Signature: [Signature]

Date: May 17, 2001

J. PERSON MAKING SUBMITTAL: (For Transfer Submittals describe person currently undertaking response actions, not transferee)

Name of Organization: U. S. Army Fort Dix

Name of Contact: Linda D. Chominski Title: Acting Director of Public Works

Street: Building 5317, Snyder Lane

City/Town: Fort Dix State: NJ ZIP Code: 08640-5501

Telephone: 609-562-3050 Ext.: _____ FAX: (optional) 609-562-5345

K. RELATIONSHIP TO DISPOSAL SITE OF PERSON MAKING SUBMITTAL: (check one)

☐ RP or PRP Specify: ☒ Owner ☐ Operator ☐ Generator ☐ Transporter Other RP or PRP: _____

☐ Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c. 21E, s. 2)

☐ Agency or Public Utility on a Right of Way (as defined by M.G.L. c. 21E, s. 5(j))

☐ Any Other Person Making Submittal Specify Relationship: _____

L. CERTIFICATION OF PERSON MAKING SUBMITTAL:

I, Linda D. Chominski, attest under the pains and penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

By: [Signature] Title: Acting Director of Public Works
(signature)

For: Linda D. Chominski Date: 5/15/01
(print name of person or entity recorded in Section J)

Enter address of the person providing certification(s), including Ability and Willingness Certification where applicable, if different from address recorded in Section J:

Street: Same

City/Town: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ FAX: (optional) _____

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE, AND YOU MAY INCUR ADDITIONAL COMPLIANCE FEES.